Tobacco Cessation in the Clinical Setting: *What the Healthcare Team Needs to Know*

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TUC Background

- **Single most preventable cause of death in the United States**
- **Every day another 5000 or so youngsters get involved in tobacco use**
- **Six and a half million children living today will die prematurely because of the decision to use tobacco**
- **$75 billion in annual medical expenditures**
- **$80 billion in annual indirect costs.**

CDC TUC Guidance

- **Tobacco dependence is best viewed as a chronic disease with remission and relapse.**
- **Both minimal and intensive interventions increase smoking cessation are effective.**
- **Most people who quit smoking with the aid of such interventions will eventually relapse and may require repeated attempts before achieving long-term abstinence.**

Military TUC Background

- … is related to early discharge from the US military and may cost the Department of Defense over $130 million per year or close to one percent of the total annual training costs
- …. the best indicator of early discharge over one year of training among new recruits
- … also associated with dieting, drug and alcohol abuse and lack of physical activity.

SOURCE: Tobacco Control 2001; 10:43-47.
Publish Date: February 28, 2001

Public Health Guidance

Priorities Among Recommended Clinical Preventive Services

- **Assess adults for tobacco use and provide tobacco cessation counseling**
- **Assess adolescents for tobacco use and provide an anti-tobacco message or advice to quit**

Am J Prev Med 2001;21(1):1–9) © 2001 American Journal of Preventive Medicine Ashley B. Coffield, MPA, Michael V. Maciosek, PhD, J. Michael McGinnis, MD, MPP, Jeffrey R. Harris, MD, MPH, M. Blake Caldwell, MD, Steven M. Teutsch, MD, MPH, David Atkins, MD, MPH, Jordan H. Richland, MPA, MPH, Anne Haddix, PhD

Tobacco Use Cessation: An Action Plan

- **Minimal Clinical Interventions**
  - **Increase advice to quit tobacco use in all clinical settings**
  - **Increase the types of settings where tobacco users are advised to quit**
  - **Increase the number and type of clinicians that provide cessation advice and brief counseling**
  - **Increase the utilization of the PHS *Clinical Practice Guideline's* for treating tobacco dependence.**

Tobacco Use Cessation: An Action Plan

- **Intensive Clinical Interventions**
  - **Ensure that brief and comprehensive tobacco dependence treatment services**
  - **Increase the proportion of tobacco users who receive assistance in all clinical settings**
  - **Increase the number of formats**
  - **Increase the access to a variety of cessation formats**

Tobacco Use Cessation: An Action Plan

- **Pharmacotherapy**
  - **Make available to consumers more options of safe and effective cessation medications**
  - **Reduce or eliminate the cost of cessation medications for tobacco users interested in quitting**
  - **Encourage clinicians to prescribe cessation medications to tobacco users interested in quitting unless contraindicated**
  - **Provide educational materials on the safety and effectiveness of cessation medications to tobacco users interested in quitting**

Military Healthcare TUC Guidelines

- Every patient should receive at least minimal treatment every time he or she visits a clinician.
- Patients who use tobacco and are willing to quit should be treated using the "5 A's"
- Patients who use tobacco but are unwilling to quit at this time should be treated with the “5 R's" motivational intervention
- Patients who have recently quit using tobacco should be provided relapse prevention treatment.

Chilling Thoughts

- **484,000 Americans have died from AIDS since 1981 to 2001**
- **Approximately 10,000,000 Americans have died from tobacco-related disease in the same time period**
- **Every three days more Americans die from tobacco than those killed on Sep 11 2001**
- **Odds of dying early from tobacco use: 1 in 3**
- **Odds of dying in a car wreck: 1 in 6,200**

Tobacco Cessation Facts and Guidance

- General tobacco facts
  - Cigarettes
  - Smokeless
  - Cigars
- Health Concerns
- Gender differences
  - Weight gain concern
  - Depression
  - Withdrawal symptoms

Tobacco Facts

- Nicotine is as addictive as opiates
- Tobacco plant concentrates two naturally occurring radioisotopes: radium and polonium
- More than 4,800 chemical compounds in tobacco
- 60 of these compounds are known carcinogens, tumor initiators, and tumor promoters to include: hydrocarbons (tar), cyanide, phenols, benzene, nitrosamine(s)

Tobacco Facts

- 3 million deaths per year worldwide
- Smoking causes 20% of all deaths in developed countries
- Every 10 seconds someone dies from smoking related disease
- Current trends show 10 million dying per year worldwide by 2020: we are exporting death!

Tobacco Facts

- 3,000 US teens become regular smokers each day
- 90% of new smokers are under 18
- 17.2% of HS seniors smoked in 1992; 21.6% in 1995
- 50 million smokers in U.S.
- 500,000 tobacco related deaths each year in U.S.
- 20% U.S. mortality
- 1.5 million adults ***quit*** each year
- 1.5 million teens ***start*** each year

Tobacco Facts

- **Smokeless tobacco is made from the scraps and refuse from the floor of the tobacco factory**
  - **Includes dead animals and insects**
  - **Animal waste**
  - **Trash**
  - **Very little tobacco**
  - **Nicotine added due to high level of non-tobacco product**

Tobacco Facts

- **Smokeless Tobacco:**
  - **There are 562 ingredients in smokeless tobacco most of which are non-tobacco product to include a wide variety of sweeteners**
  - **2/3rds of male high school seniors have tried it**
  - **More use in rural areas**
  - **Majority tried it first in grade school**
- **Smokeless tobacco produces additional carcinogens when combined with saliva**
- **91% of oral cancer patients had used smokeless tobacco**

Cigars

- Smoking a cigar the size of your index finger is the same as smoking 7 cigarettes
- 5 % of users are female
- Very expensive habit
- 27 % of kids 14 to 19 had tried a cigar in 1996
- Smoking has increased from 18.5 % in 1991 to 22.2 % in 1996 for 12 graders

Misleading Health Benefits

- New “Less Harmful” Tobacco Products
  - There are NO SAFE(R) FORMS OF TOBACCO!
  - No proven health benefit!
  - Consumers believe that alternate tobacco products have a perceived health benefit

Health Concerns

- Second hand (passive) smoke is harmful
- AHA states 37,000 to 40,000 die annually from second hand smoke in US
- CDC / EPA state approximately 3,000 lung cancer deaths each year in US blamed on second hand smoke

Health Concerns: W.H.O. New Findings

- New research now definitively proves that Second-Hand smoke causes cancer.
- W.H.O. states that the risk of tumors from smoking and second-hand smoke inhalation greater than previously thought
- Newly linked tobacco smoke related cancers: Stomach, Liver, Cervix, Uterus, Kidney, Nasal Sinus, and Myeloid Leukemia
- 50% of the world's 1.2 billion smokers will die prematurely from tobacco use

Health Concerns

- 4 million children are sick each year due to second hand smoke
- Each year 284 die from lung disease and fires from smoke / smoking materials
- 307,000 cases of asthma
- 354,000 cases of middle ear infections

DON'T
POISON US
WARNING: Second-hand smoke contains carbon monoxide, ammonia, formaldehyde, benzo[a]pyrene and nitrosamines. These chemicals can harm your children.
Health Canada
Player's
PLAYER'S NAVY CUT
Filter
25 CIGARETTES • KING SIZE

Health Concerns

- Tobacco has a role in:
  - prevalence of periodontal disease
  - severity of periodontal disease
  - increased tooth loss
- One of the leading risk factors in periodontal disease
- Increased risk of implant failure
- Increased caries risk
- Decreased viability of grafts and tissue replacement

Ethnic Issues

- **African Americans and Tobacco**
  - **African Americans continue to suffer disproportionately from chronic and preventable disease compared with white Americans.[1] Of the three leading causes of death in African Americans — heart disease, cancer, and stroke — smoking and other tobacco use are major contributors.[2]**

1. U.S. Department of Health and Human Services. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

2. Centers for Disease Control and Prevention, *Chronic Disease in Minority Populations*. Atlanta: CDC, 1994: 2-16.

Ethnic Issues

- **Cigarette Smoking Prevalence**
  - **In 1997, current smoking prevalence rates were similar among African American adults (26.7%) and white adults (25.3%) in the United States.[7]**
  - **In 1997, African American men (32.1%) smoked at a higher rate than white men (27.4%); African American women (22.4%) and white women (23.3%), however, smoked at a similar rate.[7]**

7. Centers for Disease Control and Prevention. Cigarette smoking among adults–United States, 1997. *MMWR* 1999; 48: 993-6.

Ethnic Issues

- **Cigarette Smoking Behavior**
  - **Approximately three of every four African American smokers prefer menthol cigarettes. Among whites, approximately a quarter of smokers prefer menthol cigarettes. Menthol may facilitate absorption of harmful cigarette smoke constituents.** [1]

1. U.S. Department of Health and Human Services. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

Ethnic Issues

- African American Students and Tobacco
  - The decline of smoking among African American young people during the 1970s and 1980s was widely viewed as a great public health success. Unfortunately, recent national surveys have shown that smoking rates among African American high school students are starting to increase, although those rates are still lower than those for other students.[8]

8. Centers for Disease Control and Prevention. Tobacco use among middle and high school students–United States, 1999. *MMWR* 2000; 49: 49-53.

Gender Related Withdrawal Symptoms

- 2 mg Nicorette gum more effective for men than women
- 4 mg gum equally effective for both sexes
- Women show more withdrawal symptoms than men from gum
- No differences with patch

****Weight Gain****

- Smoking depresses body weight
- Nicotine acts as an appetite suppressant
- On average smokers weigh less than non-smoking counterparts
- Many women fear quitting because of weight gain
- Teens start smoking to avoid weight gain

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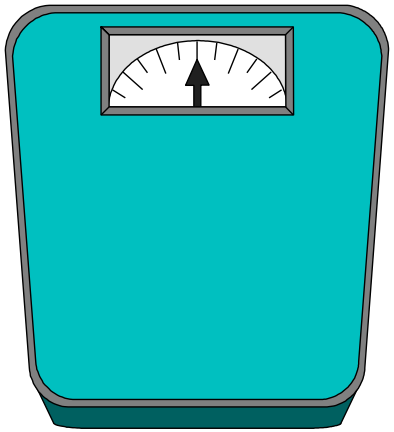

Pregnancy

- Smoking during pregnancy is the most preventable cause of poor pregnancy outcomes
- Maternal smoking is linked to a greater risk of pre- and peri-natal mortality
- Higher risk of SIDS with exposure to smoke

Mental Health Co-factors

- Depression, anxiety, and binge-eating disorder are major co-factors
- Tobacco users with co-factors often use nicotine to control behavioral disorders
- May be necessary to treat (by referral) the cofactor as well as the addiction to nicotine

Do You Want To Be A Millionaire?

Stop Using Tobacco !

Did you know that a one pack or one can a day tobacco habit for a year equals one-half the cost of tuition at most state colleges??!! Quit today and start saving for both you and your family's future!

****

More immediate rewards:

3 months no tobacco use = $360.00 = Color TV

4 months no tobacco use = $480.00 = Stereo

5 months no tobacco = PS2 and Color TV

5 years no tobacco = A New Car!!!

Your final answer should be: I QUIT

If you have questions about quitting, ask your Dentist.

TUC Guidelines

All tobacco using patients must receive a personalized quit message based on co-morbidity, lifestyle, and personal choice

- **Five A's**
  - **Ask**
  - **Advise**
  - **Assess**
  - **Assist**
  - **Arrange**
- **Five R's**
  - **Relevance**
  - **Risk**
  - **Rewards**
  - **Roadblocks**
  - **Repetition**

TUC Guidelines

- **Key Issues:**
  - **Identification and Assessment of Tobacco Use**
  - **Nicotine Addiction Assessment**
  - **Practical Counseling**
    - ***Recognize danger situations***
    - ***Develop coping skills***
    - ***Provide basic information***
  - **Pharmacotherapy Considerations**

Brief Messaging

- 5% effective- you don’t which 5% will be impacted
- 5 categories
  - No tobacco use but age 10 to 25
  - Tobacco use and wants to quit
  - Tobacco use and is uncertain about quitting
  - Tobacco use and does not want to quit
  - Former user
- “Brief Messaging” is a must!!!!!

Brief Messaging Dynamics

- **Only a 2 to 3 minute message**
  - **Use every opportunity**
  - **Short but sweet**
  - **Personalize**
  - **Make it pertinent to visit if possible**
- **Only 5% effective**
  - **Don’t know who will be impacted**
  - **Could be a delayed reaction**
  - **Could cause change away from office**

TUC: Pharmacotherapy

- **Two types of pharmacotherapy (FDA approved) are nicotine replacement therapy and bupropion.**
- **Whether medications are prescribed via formal TUC programs or via clinical care visits, providers should be aware of the medications and the need to follow those patients who are using the medications.**
- **Patients receiving TUC medications along with behavioral support have the best chance of quitting.**
- **Natural/herbal/hypnosis/acupuncture not proven in studies**

TUC: Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Bupropion SR	History of Seizure History of Eating Disorder Anti-depressants	Insomnia Dry mouth	150 mg every morning for 3 days, then 150 mg Twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Bupropion 150mg SR, Zyban, Wellbutrin 150mg SR (prescription only)	$3.33
Nicotine Gum	Pregnancy Recent MI	Mouth Soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24pcs/day)	Up to 12 weeks; prn	Nicorette, Nicorette Mint, Orange (OTC only)	$6.25 for 10, 2-mg pieces $6.87 for 10, 4-mg pieces

Taken from Public Health Service Clinical Practice Guideline, 2000

TUC: Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Nicotine Lozenge	Pregnancy History of heart Disease, irregular heart beat, recent MI Uncontrolled high blood pressure Taking prescription medication for depression or asthma	Dyspepsia Oral discomfort	First cigarette within 30 minutes of waking: 4mg strength First cigarette after 30 minutes of waking: 2mg Week 1 to 6: one lozenge every one-to-two hours. Week 7 to 9: one lozenge every two-to-four hours Week 10 to 12: one lozenge every four to eight hours	12 weeks	Prescription OTC	

Taken from Public Health Service Clinical Practice Guideline, 2000

TUC: Pharmacotherapy

Pharmacotherapy	Precautions, Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Nicotine Inhaler	Pregnancy Recent MI COPD	Local irritation of mouth and throat	6-16 cartridges/day	Up to 6 months	Nicotrol Inhaler (prescription only)	$10.94 for 10 cartridges
Nicotine Nasal Spray	Pregnancy Recent MI	Nasal irritation	8-40 doses/day	3-6 months	Nicotrol NS (prescription only)	$5.40 for 12 Doses
Nicotine Patch	Pregnancy Recent MI	Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours or 15 mg/16 hours	4 weeks then 2weeks then 2 weeks 8 weeks	Nicoderm CQ (OTC only), Generic patches (prescription and OTC), Nicotrol (OTC only)	Brand name patches $4.00-$4.50

Taken from Public Health Service Clinical Practice Guideline, 2000

Bupropion SR

- 150 mg sustained release formulation
- Weak inhibitor of the neuronal re-uptake of norepinephrine, serotonin, and dopamine
- One pill daily for the first 3 days
- On day 4 take one pill in the morning and a second pill 8 hours later (late afternoon)
- Set quit date during the 2nd week of Bupropion use
- Continue Bupropion for 7 to 10 weeks after quitting tobacco

Nicotine Replacement Therapy (NRT)

- NRT started at quit date
- Continuous versus as needed
- Long term use OK

Relapse Prevention

- **Preventing Relapse**
  - **Most relapses occur soon after a person quits using tobacco**
  - **People relapse months or even years after the quit date**
  - **All clinicians should work to prevent relapse**
- **Components of Clinical Practice Relapse Prevention**
  - **For every encounter with a recent quitter**
  - **Use open-ended questions**
  - **Emphasize any success (duration of abstinence, reduction in withdrawal, etc.).**
  - **Discuss any problems encountered or anticipated (e.g., depression, weight gain, alcohol, other tobacco users in the household)**

Relapse Prevention

- **Recognize specific relapse problems by identifying a problem that threatens his or her abstinence.**
  - ***Lack of support for cessation***
    - **Schedule follow-up visits or telephone calls**
    - **Help the patient identify sources of support**
    - **Refer the patient for intense counseling or support.**
  - ***Negative mood or depression***
    - **Refer patient to a specialist.**
  - ***Strong or prolonged withdrawal symptoms***
    - **Consider extending the use of an approved pharmacotherapy or adding/combining pharmacologic medication to reduce strong withdrawal symptoms.**

Relapse Prevention

- ***Weight gain***
  - **Increase physical activity; discourage strict dieting.**
  - **Reassure the patient that some weight gain after quitting is common and appears to be self-limiting.**
  - **Emphasize the importance of a healthy diet.**
  - **Maintain the patient on pharmacotherapy**
  - **Refer the patient to a specialist or program.**
- ***Flagging motivation/feeling deprived***
  - **Reassure the patient these feelings are common.**
  - **Recommend rewarding activities.**
  - **Evaluate for periodic tobacco use.**
  - **Emphasize that beginning to smoke (even a puff) will increase urges and make quitting more difficult**

Provider Reimbursement

- Insurance coverage varies
- Dental Codes
  - D0140 Evaluation for Tobacco Use
  - D1320 Tobacco Cessation Counseling
- ICD-9 Medical Codes
  - 305.1 Tobacco Use Disorder
  - V15.82 History of Tobacco Use
  - V65.49 Tobacco Cessation Counseling

New Patient & Provider Resources

- Tobacco cessation is a readiness issue
  - http://www.ha.osd.mil/smoking_cessation/default.cfm
- TRICARE Tobacco Cessation Initiative
  - Healthy Choices for Life
  - http://www.tricare.osd.mil/healthychoices/quitsmoke.cfm
- WWW.Smokefree.gov
  - 1-800-QUITNOW (1-800-784-8669)
  - Patient education portal
  - Developing cessation intervention protocol

Provider & Staff Training

- Two free Tobacco Cessation CME opportunities
- MedScape
  - Treating Tobacco Use and Dependence
    - CME Credits Available
    - Physicians - up to 1.0 AMA PRA category 1 credit(s)
    - http://www.medscape.com/viewprogram/3607?src=search
  - Smoking Cessation Approaches for Primary Care
    - CME Credits Available
    - Physicians - up to 1.5 AMA PRA category 1 credit(s);
    - Registered Nurses - up to 1.7 Nursing Continuing Education contact hour(s)
    - http://www.medscape.com/viewprogram/3468?src=search

Contact Information

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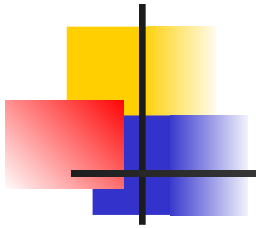
Please feel free to contact me if you have any questions or future needs.



Questions ????